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ABSTRACT

This document uses a question-and-answer format in clarifying the meaning and use of the term "informed clinical opinion," which appears in the regulatory requirements for the implementation of Part H of the Education of the Handicapped Act Amendments 1986 (Public Law 99-457) as an integral part of an eligibility determination. The paper points out that "informed clinical opinion" must be included in evaluation and assessment procedures as a necessary safeguard against eligibility determination based upon isolated information or test scores alone. Individuals and agencies need to consider who might have an informed clinical opinion, what these people might have an informed clinical opinion about, and how their informed clinical opinion can be integrated into the process of evaluation and assessment. Informed clinical opinion should be taken into account at both the level of the individual early intervention professional and the level of the multidisciplinary team. The regulations are intended to ensure a dynamic assessment approach, support the acquisition and interpretation of multiple sources of information as part of the evaluation process, and permit greater compatibility between a child and family's needs and the provision of services. The paper reprints relevant Part H regulations. (JDD)

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Number 4 (December 30, 1991) Eligibility

Informed Clinical Opinion

by

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The term "informed clinical opinion" appears in the regulatory requirements for the implementation of Part H as an integral part of an eligibility determination (see Figure 1). It must be included in evaluation and assessment procedures, since it is a necessary safeguard against eligibility determination based upon isolated information or test scores alone. Since the term carries different meanings for individuals and agencies, it is important to clarify the meaning and use of "informed clinical opinion" in the context of Part H. This document uses a question-and-answer format to address three key issues:

* *What does informed clinical opinion mean in the context of Part H?*
* *How does informed clinical opinion affect the determination of eligibility?*
* *Why is it necessary to document informed clinical opinion?*

What does informed clinical opinion mean in the context of Part H?

Informed clinical opinion is used by early intervention professionals in the evaluation and assessment process in order to make a recommendation as to initial and continuing eligibility for services under Part H and as a basis for planning services to meet child and family needs. Informed clinical opinion makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. For example, a physical therapist must make judgments about muscle tone abnormality based on the therapist's training and experience with other children. Likewise, a psychologist may note in observing a child playing that she performs tasks in adaptive ways not permitted during the administration of a standardized cognitive assessment.

The knowledge and skill of the early intervention multidisciplinary team, including the parents, constitute the basic foundation for the process of becoming "informed" about a child's developmental status within a

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Figure 1

Part H Regulations Pertaining to Informed Clinical Opinion

Subpart D - Program and Service Components of a Statewide System of Early Intervention Services.

CFR Sec. 303.300 State definition of development delay

NOTE: Under Sec. 303.322(c)(3), States are required to ensure that informed clinical opinion is used in determining a child's eligibility under this part. Informed clinical opinion is especially important if there are no standardized measures, or the standardized procedures are not appropriate for a given age or development area. If a given standardized procedure is considered to be appropriate, a State's criteria could include percentiles or percentages of levels of functioning and standardized measures.

CFR Sec. 300.322 Evaluation and assessment

(c) *Evaluation and assessment of the child.* The evaluation and assessment of each child must -

(2) be based on informed clinical opinion.

CFR Sec. 303.323 Nondiscriminatory procedures

Each lead agency shall adopt nondiscriminatory evaluation and assessment procedures. The procedures must provide that public agencies responsible for the evaluation and assessment of children and families under this part shall ensure, at a minimum, that -

(a) Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;

(b) Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;

(c) No single procedure is used as the sole criterion for determining a child's eligibility under this part; and

(d) Evaluations and assessments are conducted by qualified personnel.

socially valid context. In essence, they seek to answer the question, What are the child's abilities and needs within his/her natural environment? Thus, appropriate training, previous experience with evaluation and assessment, sensitivity to cultural needs, and the ability to elicit and include family perceptions are all important elements of informed clinical opinion.

The individuals and agencies responsible for implementing Part H need to consider **who** might have an informed clinical opinion, **what** these people might have an informed clinical opinion about, and **how** their informed clinical opinion can be integrated into the process of evaluation and assessment. In the context of Part H, these questions should be considered both at the level of the individual early intervention professional and at the level of the multidisciplinary team.

How does informed clinical opinion affect the determination of eligibility?

Informed clinical opinion should be taken into account at both the individual and team levels.

Individual team member level. The individual early intervention professional uses both qualitative and quantitative information to shape an informed clinical opinion about a child's development and need for early intervention services. To do so, the professional must have knowledge of the multiple domains of development characteristic of infants and toddlers; the expectable sequence of development; and the broad range of individual variations that may be seen in appropriately developing infants and toddlers. In order to reach an informed clinical opinion about the development of a particular infant or toddler, the professional may use any or all of the following:

* clinical interviews with parents;
* evaluation of the child at play;
* observation of parent-child interaction;
* information from teachers or child care providers; and
* neurodevelopmental or other physical examinations.

Information derived from these examples and additional psychometric and diagnostic data are synthesized to become the "informed clinical opinion" of an individual. The informed clinical opinion should reflect a meaningful assessment of the individual child's development and family strengths and needs, and suggest areas that may require further evaluation.

Team level. The multidisciplinary team, which under Part H includes family members, then synthesizes and interprets all available information, both qualitative and quantitative, about a child and family offered by the team participants.

This opportunity to integrate observations, impressions, and evaluation findings of the individuals facilitates a "whole child" approach to evaluation and assessment that goes beyond a reporting of test scores. In this way, the functional impact and the implications of noted delays or differences in development can be discussed and considered by the team in determining eligibility and developing the Individualized Family Service Plan (IFSP). Knowledge about available services is useful in formulating the IFSP, but should not limit the recommendations made by the team.

Why is it necessary to document informed clinical opinion?

Appropriate documentation of the sources and use of informed clinical opinion is important for two reasons. First, documentation provides a baseline against which to measure the progress and changing needs of the child and family over time. The initial recommendations of the multidisciplinary team reflect the needs of the child and family at a specific point in time. In Part H, assessment and subsequent eligibility determination

is an ongoing process that may require modifications in the IFSP. The perceptions and impressions of individual early intervention professionals may change over time. Documentation of the individual and team findings can facilitate transition when families move, change service providers, or enter additional or new service delivery systems.

Secondly, documentation of the sources and use of informed clinical opinion also can provide information to assure that procedural safeguards were provided in the evaluation and assessment process and the determination of eligibility. This documentation should be maintained by a designated person, such as the interim or permanently assigned service coordinator and the parent.

Thus, the regulations regarding informed clinical opinion are intended to accomplish the following: 1) ensure a dynamic assessment approach; 2) support and encourage the acquisition and interpretation of multiple sources of information as part of the evaluation and assessment process; and 3) permit greater compatibility between a child and family's needs and the provision of services.

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